



Governor's Council for People with Disabilities

updated 12/03

INDIVIDUAL CONSUMER INVESTMENT FUND APPLICATION

Please review the accompanying guidelines prior to completing this form!

NAME OF INDIVIDUAL: _____
TITLE & EMPLOYER: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
COUNTY: _____ PHONE # (day): _____
FAX _____ E-MAIL: _____

I receive (cannot be your child - circle one, if applicable) SSI SSDI TANF NONE

If receiving SSDI food per diem and mileage will be your match.

___ **CHECK HERE IF ADVANCE FUNDING IS NEEDED** (only for SSI/SSDI or TANF recipients). Please fill out attached CIF ADVANCED FUNDING REQUEST AND INFORMATION FORM. (Advanced funding requests are considered based on state travel rules and individual's need)

I am (circle one) a person, the family member of a person with: _____

Optional - for demographic information only: I am (circle one) African-American, Caucasian, Hispanic/Latino, Asian, Other: _____.

Title of event/activity: _____

Event location City/State): _____

Date(s) from _____ to _____

Are any meals covered by the registration fee? ___ YES ___ NO If yes list: _____

Budget Summary:

Total cost	\$ _____	(Total of ALL EXPENSES)
Minus match	\$ _____	
Amount of your match	\$ _____	(50% unless SSI, SSDI, or TANF)
Amount requested (\$1,000 max)	\$ _____	(Scholarship funds requested)

Instructions: Please enclose the following information

- Conference Information** - a registration form, agenda and description of activities; which shows prices, etc.
- Approximate Itemized Budget** - including match plus amount of request;
- CIF Purpose Statement and Agreement Form** - To be approved for funds, you must sign an agreement to share the information with others, assist the Council if requested, and to participate in community activities. An outcome form will be required after the conference detailing your plans to fulfill the agreement.
- Application and A-C items:** All information must be received in GPC office by a minimum of 3-weeks before in-state and 5-weeks before out-of-state conferences/events. NO EXCEPTIONS.
- If applicable: **CIF Advance Funding Request & Information Form**

Revised 12/03

For questions, call (317) 233-4551, or bwade@gpcpd.org

Mail to: GPCPD/CIF- ATTN: Brenda Wade

150 W. Market, Suite 628; Indianapolis, IN 46204-2821

fax 317-233-3712



revised 12/03

Individual CIF Purpose Statement and Agreement Form

The Council's Consumer Investment Fund (CIF) provides funds to consumers with the purpose of making a long-term investment in the future direction of Indiana. It is anticipated that your participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine whether the Council should continue to commit resources to the Consumer Investment Fund and the future direction of CIF.

Purpose Statement: (Please write a brief statement that tells how you will use the information in your community or how you or your family will benefit from attending this event.) **Use back page if additional space is needed.**

Agreement: The Governor's Planning Council for People with Disabilities is pleased to consider providing you with financial assistance to attend an event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:

In return for financial assistance in attending this event I, _____ agree to the required activities including completing and submitting an initial outcome form with the claim voucher and receipts within 30 days. I have selected the following two outcome activities:

(see page 2 and 3 of the CIF Guidelines for a list of all the required activities and page 5 for more detailed description of the eight activities from which you are to select two- page 5 describes what is involved in each activity and if needed, where to get additional information)

Please check the two outcome activities you agree to complete:

- ☐ Conduct a disability awareness activity
- ☐ Become an active participant in a local policymaking or advisory body
- ☐ Sign up to help the Count Us IN, voting project
- ☐ Perform a media watch, by responding to news coverage about disability issues
- ☐ Express your opinion to your state or local legislators related to disability issues
- ☐ Express your opinion about state or local policy changes
- ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns
- ☐ Submit at least 1 article/broadcast from your local paper/station for the "Excellence in Reporting on Disability Issues award.

Signature(s)

Date

TO BE COMPLETED ONLY IF REQUESTING ADVANCED FUNDING

CIF ADVANCED FUNDING REQUEST

Available only to individuals receiving SSI - SSDI- TANF

Requests must be confirmed ten days in advance of the date the check or APPROVED advanced payment is needed. Arrange/confirm requests with the Mental Health Association in Indiana staff by calling, Katie Nilles at 317-638-3501 ext. 224 or 800-555-6424 as soon as you receive your approval letter

Please check each item for which you are requesting advanced funding (advance funding will not be considered if appropriate box is not checked). The actual amount and items that will be approved for advanced funding may differ from your request (**all expenses can not be paid in advance**).

- ☐ **Hotel:** Name of hotel: _____ Phone # _____
Dates of stay: _____ Confirmation # _____
*Hotel conference rate (include rate & tax): _____

*Needed so room rates plus tax can be verified and a check can be issued. Remember to take a credit card or extra cash for a deposit (receipt must be submitted to MHAI once you return).

- ☐ **Registration** - Enclose a copy of the filled out registration form with the CIF application.
Send check to: **(check one)**

_____ Conference sponsor _____ Applicant

(receipt must be submitted to the Mental Health Association if check is sent to applicant)

- ☐ **Airfare** - When your application is approved, call the Mental Health Association to get authorization to call a specific travel agent with whom they have an account. **ADVANCE PAYMENT FOR AIRFARE MUST GO THROUGH MHAI TRAVEL AGENT** (receipt must be submitted once you return).

- ☐ **Car rental** -(not available if you have airfare) Submit invoice or other document from company that shows the fee (receipt must be submitted to MHAI once you return).

Name of company providing travel: _____

Telephone number/contact name: _____

Travel dates and location: _____

Fee: _____

Food allowance advanced funding for ONLY individuals on SSI and TANF

- ☐ **Per diem food allowance** - will be calculated based on state travel rules minus meals provided by conference sponsors. No receipts are needed

_____ # of days Meals provided by the conference (list): _____.

Budget

Name: _____

*Description	Total	Match (50%)	CIF
Conference Registration			
Lodging Rate \$ _____ x _____ % tax= \$ _____ x # of days _____ = \$ _____			
Food Per Diem rate \$ _____ x # of days _____ = \$ _____ x # _____ = \$ _____ Minus meals provided: Total Deducted \$ _____ Total allowance \$ _____			
Airline			
Child Care / PCA \$ _____ per day x # of days _____ = \$ _____			
Parking/Taxi/Shuttle			
Mileage RT mileage _____ X \$.28 = _____			
Misc.			
TOTAL			

*Please provide a detailed description if not self explanatory

OVERVIEW OF BUDGET AND STATE TRAVEL GUIDELINES

Use the following guidelines in preparing your budget. Remember to include all items that are expenses even match. See the sample budget for additional information.

Mileage is calculated at a flat mileage rate: In-state mileage is \$.28 per mile. Out-of-state mileage is \$.28 per mile for the first five hundred (500) miles and \$.14 per mile for the next two thousand (2,000) miles. In all cases, state mileage charts determine vehicle mileage.

No receipts are required for meals: Meals are \$26 per day for in-state travel (lunch and breakfast \$6.50 each; dinner \$13) and \$32 per day for out-of-state travel (lunch and breakfast \$8 ea; dinner \$16). Deductions are made for any meal provided by the conference.

Original receipts or invoices must be provided for hotel, airfare, parking, taxi, child/attendant care and ALL OTHER EXPENSES, except meals and mileage, for which you are asking for reimbursement, or using as match.

Important information about fund restrictions and eligibility is contained in the Consumer Investment Fund (CIF) Guideline accompanying this application. The guidelines and application are also available on line:
<http://www.in.gov/gpcpd/>

Mail/fax applications to:

**GPCPD/CIF
ATTN: Brenda Wade
150 W. Market St., Ste. 628
Indianapolis, IN 46204-2821
(317) 233-3712 (fax)
bwade@gpcpd.org**

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